

CLASS C REINSTATEMENT FORM

2010-295-T

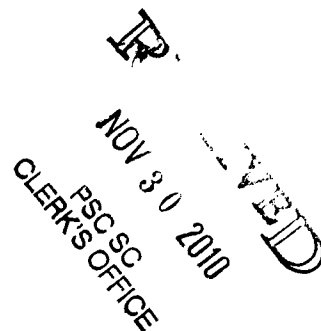
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<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE: NOV-26-2010

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 4/6/4 EASON VAN CHARTER
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____



My certificate was revoked/cancelled on 2000 because FAIL TO FILE
 (DATE)

my annual report of 2009,

I am seeking reinstatement because Due to Sickness & Hospital, & Family Sickness

 (Name of Company) DBA _____
 (if applicable)

2001 CHELTENHAM
 (Street Address)

Columbia SC 29223
 (City, State, Zip Code)

803 261-8638
 (Telephone Number)

 (Mailing Address if different from Street Address)

Alt C Eason
 (Signature)

ALTON C. EASON SR
 (Title) Owner, President, etc.

RECEIVED
NOV 30 2010
PSC SC
CLERKS OFFICE